

## Electrical Engineer Thesis Proposal Approval Form

Name: \_\_\_\_\_ SMC \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Tentative Thesis Title: \_\_\_\_\_

Anticipated Funding Requirements (if any): \_\_\_\_\_

Classification: \_\_\_\_\_

Approval of Thesis Committee:

_____ Supervisor	_____ Date
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_____ Committee Member	_____ Date
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_____ Committee Member	_____ Date
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_____ Academic Associate	_____ Date
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_____ ECE Chairperson	_____ Date
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_____ Noted/Date	_____ Curriculum Officer
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